U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

Name William

1. File Number U- /6094/

3. Name and address of person filing.

J Mangin

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 009-675

Name Heat and Frost Insulators Local 17

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3850 S. Racine Avenue	Street 3850 S. Racine Avenue
City Chicago	City Chicago
State Illinois ZIP Code + 4 60	State Illinois ZIP Code + 4 60609
5. Position in labor organization. Organizer-Trustee B	W.S.
Enter appropriate data below if, during the past fiscal year, y (except as spec	you or your spouse or minor child directly or indirectly had any of the following interests ifled in the exclusions set forth in the instructions):
	oans) with, or derived income or other economic benefit of our organization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name ·	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	Signature
	nder penalty of Perjury and other applicable penalties of the law, that all of the information any accompanying documents), has been examined by the signatory and is, to the best of the tee. (See the section on penalties in the instructions.)
Signed Wm Mansin	On 8/11/05 773-247-8184 Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name International ASSOC. of Heat 4 Frost Insulators weal #17 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3850 S. Racine City Chicago, TL State 60609 ZIP Code + 4 60609	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ILL, nois Regional Insulation Contractors Association Trade Name, if any: IRIC P.O. Box, Bidg., Room No., if any Street 1515 E. Woodfield Rd. Suill8	11.a. Nature of such dealing. Labor Manage Ment Meeting.
Street 1515 E. WOOD FIELD CE. Juille	11.b. Approximate dollar value of such dealing.
city Schaumburg, IL. 60173	12.a. Nature of interest held or income received.
State IL ZIP Code + 4 (20173	NA
	12,b, Amount.
C. Received from any employer (other than an employer covered unde	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

ng William Mangin

File Number U-

8. Name and address of Business (including trade name, if any). Name International ASSOC interior of Heat of Frost Insultons Lacul #17 Dension Food Trade Name, if any: P.O. Box, Bidg., Room No., if any State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Killian Asset Management Corre Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1250 W. Northwest Highway Street 1250 W. Northwest Highway Suite 6000 State IL ZIP Code + 4 City Palatine State IL ZIP Code + 4 COCCT	
Name Killian Asset Management Corre Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1250 W. Northwest Highway Suite 600 City Palatine State IL ZIP Code + 4 Sent box of From Cha 11.b. Approximate dollar value of 12.a. Nature of interest held or	ion
	f Cookies Purchased arity, Misericordia of such dealing. 25635
12.b. Amount.	

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of payment.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

DISCLAIMER

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

	William		Mangan		
Signature					
	August	1/	, 2005		
Date				- · · · · · · · · · · · · · · · · · · ·	